



# **RHODE ISLAND MEDICAL ASSISTANCE PROGRAM PROVIDER UPDATE**

## **PHYSICIANS**

### **H1N1 VACCINE**

The H1N1 vaccine is being supplied by the Department of Health for free, therefore the Department of Human Services will only reimburse for the administering of the vaccine through the Medical Assistance program.

The following procedure code is for the administration of the vaccine and can be billed to Medical Assistance effective 11/1/2009.

- G9141 - INFLUENZA A (H1N1) VACCINE, IMMUNIZATION ADMINISTRATION (INCLUDES THE PHYSICIAN COUNSELING THE PATIENT).

## **ALL PROVIDERS**

### **UPDATES ON DEPARTMENT OF HUMAN SERVICES (DHS) PRO- GRAMS AND SERVICES**

Please remember to check the "What's New" tab of the DHS web-site home page ([www.dhs.ri.gov](http://www.dhs.ri.gov)) for the latest program updates, press releases and public notices.

<b>TABLE OF CONTENTS</b>	<b>PAGE</b>
PHYSICIANS	1
ALL PROVIDERS	1-2
Rite SHARE BILLING FOR CO-PAYMENTS OR CO-INSURANCE AND DEDUCTIBLES	3-5

**ALL PROVIDERS**

**COMING SOON!**

**Remittance Advice Going To Electronic Format**

The mailing of paper remittance advice will soon be discontinued. All remittance advices will be available for downloading and/or printing on the Department of Human Services (DHS) website only.

If you do not currently have an active Trading Partner Agreement (TPA) with DHS, you are strongly encouraged to obtain one immediately. Although the changeover will have a phased approach, once the change to electronic format is in place, you will not be able to access your remittance advice until you have a Trading Partner Number. The TPA request/application and instructions can be found on the website at **[www.dhs.ri.gov/forprovidervendors/medicalassistanceproviders/formsapplications](http://www.dhs.ri.gov/forprovidervendors/medicalassistanceproviders/formsapplications)**.

The electronic remittance advice will be accessed through the DHS website using the same log on procedure currently used for checking eligibility and claim status. There will be options added to view the remittance advice total and an option to view, print and download the complete remittance advice in Portable Document Format (PDF). To view documents in PDF you are required to have the free software, Adobe Reader, installed on your computer. There is a link to download the software on the DHS website. Adobe Reader can also be downloaded directly at **<http://www.adobe.com/>**.

**Stay tuned to the Provider Updates for future information on changeover dates!**

**RItE SHARE PREMIUM ASSISTANCE PROGRAM**

RItE Share members receive health coverage through their employer-sponsored commercial health plan, leaving the co-payment or co-insurance and/or deductible to be paid by Rhode Island Medical Assistance.

Services and member co-payments, which are not covered by the commercial carriers are billed directly to Rhode Island Medical Assistance for the RItE Share Program using the state codes listed below.

**Remember:** At no time should Providers collect the co-payments directly from a client.

<b>PROVIDER CATEGORY</b>	<b>RItE SHARE MEMBER BILLING PROCEDURE AND NOTES</b>
<b>Physicians and other Medical professionals: (For CMS 1500 Professional Billing)</b>	<p><b><u>Use State Local Code X0700 for billing co-payments:</u></b></p> <p><u>Do not submit</u> an Explanation of Benefits (EOB)/ Remittance Advice (RA) from the primary or RItE Share commercial insurance carrier Field/Box:</p> <ul style="list-style-type: none"> <li>• 9D -- No carrier code is required</li> <li>• 11D -- Indicate <b>NO</b> to other insurance</li> <li>• 24F, 28 &amp; 30 -- amount of the co-payment should be entered</li> <li>• 29 —Leave blank</li> </ul> <p><b><u>Use State Local Code X0701 for billing coinsurance and/or deductible amounts:</u></b></p> <p><u>Submit</u> an EOB/RA from the primary or RItE Share com- mercial insurance carrier. Field/Box:</p> <ul style="list-style-type: none"> <li>• 9D -- List the 3 digit carrier code for the commer- cial insurance which can be obtained on the REVS line at 1-800- 641-6211 or at <a href="http://www.dhs.ri.gov">www.dhs.ri.gov</a></li> <li>• 11D -- Indicate <b>YES</b> to other insurance</li> <li>• 24F, 28 &amp; 30 -- amounts of the coinsurance and deductible should be combined and entered</li> <li>• 29—Leave blank</li> </ul>

These claims will be manually priced according to the co insurance and/or deductible amount posted on the EOB from the RItE Share primary commercial insurance carrier.

**Rite SHARE PREMIUM ASSISTANCE PROGRAM (Continued)**

If there is a dollar amount under one column on the EOB or RA which indicates co-pay/co-insurance or deductible, look for the reason code for that line item. It should specifically designate whether the amount is a co-pay or co-insurance/deductible and that will indicate the correct code to be billed. If there is no reason code, the Claims Department will accept whichever "X" code the provider bills and will either pay the amount billed or up to the allowable amount whichever is the lesser amount.

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**Federally Qualified Health Center (FOHC) Billing Co-payments:**

- Bill the encounter code T1015 on detail #1 at the co-pay amount (not encounter rate)

Detail #2 is billed with procedure code X0700 at \$0.00

Please note: You must indicate NO to other insurance and an EOB is not needed to process these claims

**FOHC billing co-insurance and/or deductible:**

Bill the encounter code T1015 on detail #1 at the co-insurance/deductible amount (not encounter rate)  
Detail #2 is billed with procedure code X0701 at \$0.00

Please note: You must indicate YES to other insurance and an EOB is required to process these claims.

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**Pharmacies**

**POS Claim:**

Use the NDC dispensed and bill commercial co-payment in field 433 (patient paid amount).

**Paper Claim:**

Use the mock NDC 99999-1111-11 for billing the commercial co-payment in the charge field.

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### **RItE SHARE PREMIUM ASSISTANCE PROGRAM (Continued)**

When checking eligibility either on the web or thru REVS we will state the client is in the RItE Share Program. Only RItE Share members are eligible for the X0700 and X0701 codes.

### **INCONTINENCE PRODUCTS FOR RITE SHARE RECIPIENTS**

Medicaid will pay up to our allowable regardless of RItE Share coverage, not just co-pay or co-insurance/deductible.

### **RItE SHARE PROCESSING FOR INSTITUTIONAL CLAIMS**

The following is how RItE Share claims will be processed if submitted **electronically**. The RCC% will be applied to the co-payment, co-insurance and/or deductible submitted. RItE Share claims should be billed with the same process that “other insurance” claims are processed with the following fields reported:

- Carrier Code
- Other Insurance Payment
- Co-pay, Co-Insurance and/or Deductible
- Other Insurance Paid Date

When submitting RItE Share claims on **paper**, please continue to use the type of bill 994 and only submit the charge for the co-pay, co-insurance and/or deductible. The paper process has not changed.

There should only be one line of charges on the claim

The charge on detail 1 should be the amount of the co-pay, coinsurance and/or deductible

The total charges should be the same as the charge on detail 1

There should be **no** “other insurance” information posted on the claim

There should be **no** “prior payments” reported

There should be **no** EOB attached

When billing RItE Share and one of the procedure codes is a J-code which requires an accompanying ndc, the hospital should choose a different code to apply the charge to in order to pay

**PLEASE NOTE: WHEN POSSIBLE, RItE SHARE CLAIMS SHOULD BE BILLED ELECTRONICALLY USING APPLICABLE PROCEDURE CODES INSTEAD OF X0700 AND X0701.**